

**TRANSMITTAL  
FORM**

Application Number	10/768,310
Filing Date	January 30, 2004
First Named Inventor	James Robert Dupuy et al.
Art Unit	3652
Examiner Name	Thomas J. Braham
Attorney Docket Number	018778-9224

Total Number of Pages in This Submission 11

**ENCLOSURES (check all that apply)**

- ☒ Amendment/Reply  
☒ Before Final  
☐ After Final  
☐ Affidavits/Declarations  
☐ Information Disclosure Statement  
☐ PTO-1449 Form(s)  
☐ Cited References  
☐ Certified Copy of Priority Document  
☐ Response to Missing Parts/Incomplete Application  
☒ Terminal Disclaimer  
☐ Status Letter  
☐ Other:

**PETITION FOR EXTENSION OF TIME**

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

- ☐ Applicant(s) claims small entity status under 37 CFR 1.27.  
☐ Applicant(s) petitions for a three-month extension of time and pay the fee of \$475.00 (37 CFR 1.17(a)(1)-(5)).  
☒ Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.

**CLAIMS FEES**

- ☒ No additional claim fee is required.

				Small Entity		Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Rate
Total	20	-	20	=0	x 25=	\$	x 50=
Independent	2	-	3	=0	x 100=	\$	x 200=
<input type="checkbox"/> First Presentation of Multiple Claim					+ 180=	\$	+360=

**FEES**

- |  |                 |
|--|-----------------|
| <input type="checkbox"/> Additional Claim Fee                      | \$0.00          |
| <input type="checkbox"/> Extension fee for one-month               | \$0.00          |
| <input type="checkbox"/> Information Disclosure Statement          | \$0.00          |
| <input type="checkbox"/> Surcharge for Missing Parts - Declaration | \$0.00          |
| <input checked="" type="checkbox"/> Terminal Disclaimer            | \$130.00        |
| <b>TOTAL FEES</b>  | <b>\$130.00</b> |

**PAYMENT OF FEES**

- ☒ A check in the amount of \$130.00 is enclosed.  
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965.  
☐ The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$0.00.

**SIGNATURE OF ATTORNEY**

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Signature

Date:

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is:

- ☐ being facsimile transmitted to the USPTO, facsimile number (703) 872-9306.  
☒ deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below

Typed or printed name

Elizabeth M. Campbell Tressler

Signature

Date: 2/17/2005